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Bib Data Sheet

CONFIRMATION NO. 2108

SERIAL NUMBER 10/511,385	FILING DATE 10/15/2004  RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. EGAL-110 (66962-013)
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APPLICANTS

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\*\* CONTINUING DATA \*\* *SE* \*\*\*\*\*  
 This application is a 371 of PCT/US03/14885 05/09/2003  
 which claims benefit of 60/379,160 05/09/2002

\*\* FOREIGN APPLICATIONS \*\* *SE* \*\*\*\*\*

\*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MA	SHEETS DRAWING 9	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 4
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TITLE  
 Gastric bypass prosthesis

FILING FEE  RECEIVED 364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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